



Office of Deaf and Hard of Hearing (ODHH)
Washington Telecommunications Relay Service (WTRS)

WTRS Consumer Response

You may mail or fax your completed form to ODHH or call in your information. ODHH will not handle your complaint if you do not enter the relay person's number in Box 5 below.

Mail to:

ODHH
PO BOX 45301
OLYMPIA WA 98504-5301

Telephone: 1-866-520-6881 (TTY/Voice)
1-877-527-2889 (TTY)
FAX: 360-902-0855

FOR ODHH USE ONLY	
TRACKING NUMBER	DATE
STATE RELAY CENTER	
PERSON TAKING CLIENT INFORMATION	
SIGNATURE	
TITLE	

Consumer Information	
1. NAME	2. TELEPHONE NUMBER (INCLUDE AREA CODE) ()
3. ADDRESS CITY STATE ZIP CODE	4. EMAIL ADDRESS 5. RELAY PERSON'S NUMBER (CA NUMBER)
6. <input type="checkbox"/> TTY <input type="checkbox"/> VCO <input type="checkbox"/> Voice <input type="checkbox"/> HCO <input type="checkbox"/> TB <input type="checkbox"/> STS <input type="checkbox"/> Video	
7. <input type="checkbox"/> Compliment <input type="checkbox"/> Satisfied <input type="checkbox"/> Not satisfied (check the applicable boxes below):	
8. Service Complaints	
<input type="checkbox"/> Agent disconnected caller <input type="checkbox"/> Agent was rude <input type="checkbox"/> Answer wait time <input type="checkbox"/> Background noise not typed <input type="checkbox"/> Dial out time <input type="checkbox"/> Didn't follow customer instructions <input type="checkbox"/> Didn't follow database instructions <input type="checkbox"/> Didn't keep customer informed <input type="checkbox"/> Everything not relayed <input type="checkbox"/> Feelings not described <input type="checkbox"/> HCO procedures not followed	<input type="checkbox"/> Noise in center <input type="checkbox"/> Problem answer machine <input type="checkbox"/> Poor spelling <input type="checkbox"/> Poor voice tone <input type="checkbox"/> Recording feature not used <input type="checkbox"/> Spanish service <input type="checkbox"/> Speech to speech <input type="checkbox"/> Two-line VCO procedures not followed <input type="checkbox"/> Typing speed/accuracy <input type="checkbox"/> VCO procedures not followed <input type="checkbox"/> Other service type:
9. Technical Complaints	
<input type="checkbox"/> Charged for local call <input type="checkbox"/> Database not available <input type="checkbox"/> Garbled message <input type="checkbox"/> Line disconnected	<input type="checkbox"/> Lost branding <input type="checkbox"/> Split screen <input type="checkbox"/> Trouble linking up <input type="checkbox"/> Other technical type:
10. Miscellaneous Complaints	
<input type="checkbox"/> 900 number access <input type="checkbox"/> Carrier of choice <input type="checkbox"/> Network recording	<input type="checkbox"/> Rates <input type="checkbox"/> TTY operator service <input type="checkbox"/> Other miscellaneous type:

WTRS Consumer Response

CONSUMER NAME	TRACKING NUMBER	DATE
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Describe your compliment or complaint below.
Please print clearly or type.